

Permit Number:
Folio/Parcel Identification Number:
Prepared by and Return to:
Walt Disney World Resort - FAM
Attn: Alina Donato
P.O. Box 10000
Lake Buena Vista, FL 32830-1000

Document Number: 20220568062
Book Number: _____
Page Number: _____

**AMENDMENT TO
NOTICE OF COMMENCEMENT**

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- | | |
|--|---|
| 1. Description of Property (legal description of property, and street address if available) | DOC # 20240160289 |
| 4050137 - 4050137 - 2020 Avenue of the Stars, Bay Lake, FL 32830, 30-24-28
-0000-00-001 | 03/19/2024 11:06 AM Page 1 of 1
Rec Fee: \$10.00 |
| 2. General description of improvement | Deed Doc Tax: \$0.00 |
| General Construction | Mortgage Doc Tax: \$0.00 |
| 3. Owner information or Lessee information if the Lessee contracted for the improvement | Intangible Tax: \$0.00 |
| Name Walt Disney World Resort | Phil Diamond, Comptroller |
| Address P.O. Box 10000, Lake Buena Vista, FL 32830 | Orange County, FL |
| Interest in Property Owner | Ret To: SIMPLIFILE LC |
| Name and address of fee simple titleholder (if different from Owner listed above) | |
| Name _____ | |
| Address _____ | |
| 4. Contractor | |
| Name WW Gay Mechanical Contractor Inc | Telephone Number _____ |
| Address 3220 West 39th Street, Orlando, FL 32839 | |
| 5. Surety | |
| Name _____ | Telephone Number _____ |
| Address _____ | Amount of Bond \$ _____ |
| 6. Lender | |
| Name _____ | Telephone Number _____ |
| Address _____ | |
| 7. Persons within the State of Florida designed by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes. | |
| Name Megan Kelley, Facility Asset Management (FAM) | Telephone Number 407-939-4963 |
| Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 | |
| 8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes. | |
| Name Alina Donato | Telephone Number _____ |
| Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 | |
| 9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) | |
| | 9/27/2024 |

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Alina Donato
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Alina Donato / Project Rep. / FAM
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 18th day of 03/2024, by Alina Donato
month/year

as Authorized Signatory for Walt Disney World Resort
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Lindsay Punday
Signature of Notary Public - State of Florida

Lindsay Punday
Print, type, or stamp name of Notary Republic

Personally known OR Produced ID

Type of ID Produced _____

